GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2952
ANSWERED ON:02.12.2016
Maternal Deaths
Dev Km. Sushmita;Dwivedi Shri Harish;Hari Shri G.;Scindia Shri Jyotiraditya Madhavrao

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

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(a) whether the Government is aware of latest Lancet report on maternal health which reveals that one-third of the total maternal deaths in 2015 happened in India where 45000 mothers died during pregnancy or childbirth, if so, the reasons therefor;

(b) whether there has been any rise in the maternal mortality rate in the tribal areas of the country, if so, the details in this regard; and

(c) the steps taken by the Government to bring down maternal deaths across the country?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a): As per trends in Maternal Mortality 1990 to 2015 estimates released by WHO, UNICEF, UNFPA, World Bank and the United Nations Population Division, Nigeria and India accounts for over one third of all estimated global maternal deaths in 2015 with an approximately 58000 maternal deaths(19%) contributed by Nigeria and 45000 maternal deaths(15%) contributed by India.

The latest report of Registrar General of India- Sample Registration System (RGI-SRS-2011-13) also estimates that the Maternal Mortality ratio (MMR) of India has declined from 212 in 2007-09 to 167 per 100,000 live births in 2011-13 which translates into a reduction of absolute numbers of maternal deaths from approximately 56000 to 44,000 per year.

Besides medical causes, there are social determinants of health which also indirectly contributes to maternal mortality. These are Illiteracy, low socio-economic status, early age of marriage, poor knowledge on nutritional care during pregnancy & preference for home deliveries through family members or village dais (untrained), poor access to health facilities etc.which are important social factors contributing to higher maternal mortality.

(b): Registrar General of India, Sample Registration System (RGI-SRS), do not provide disaggregated data based on rural and urban, Scheduled Caste(SC), Scheduled Tribes(ST),other backward classes(OBCs) and others; category wise.

(c): To further accelerate reduction of Maternal Mortality Ratio (MMR) the key steps taken under the National Health Mission (NHM) are :

? Promotion of institutional deliveries through Janani Suraksha Yojana.

? Janani Shishu Suraksha Karyakaram (JSSK) has been launched on 1st June, 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for ante-natal and post−natal complications during pregnancy and all sick infants accessing public health institutions for treatment.

? The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month. As part of the Abhiyan, a minimum package of antenatal care services would be provided to pregnant women in their 2nd / 3rd trimesters, by OBGY specialists/ Radiologist/ Physicians at government health facilities, with support from private sector doctors to supplement the efforts of the government

? Capacity building of MBBS doctors in Anaesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
? Capacity buildings of SNs & ANMs in Skilled Birth Attendant (SBA) and DAKSHATA programme to equip them for managing normal deliveries, identify complications, do basic management and then refer at the earliest to higher facilities.

? To strengthen the quality of training, a new initiative has been taken for setting up of Skill Labs with earmarked skill stations for different training programs in the states for which necessary allocation of funds is made under NHM.

? Operationalization of adequate number of Primary Health Centres for providing 24 x7 basic emergency obstetric care services.

? Operationalization of adequate number of FRUs to provide 24 X 7 comprehensive emergency obstetric care services.

? Establishing Maternal and Child Health (MCH) Wings at high caseload facilities to improve the quality of care provided to mothers and children.

? Name Based Web enabled Tracking of Pregnant Women and New born babies so that provision of regular and complete services to them can be ensured.

? Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.

? Engagement of more than 9.15 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.

? Village Health and Nutrition Days in rural areas as an outreach activity, for provision of maternal and child health services.
? Operationalization of Comprehensive Abortion Care Services and Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) at health facilities with a focus on "Delivery Points.

? Over 21,000 ambulances are being supported under NHM to interalia transport pregnant women to institution for delivery and also for referral.
? Newer operational guidelines have been prepared and disseminated to the States for Screening for Diagnosis & management of Gestational Diabetes Mellitus, Hypothyroidism during pregnancy, Calcium supplementation during pregnancy and lactation, De-worming during pregnancy, Maternal Near Miss Review, Screening for Syphilis during pregnancy, Guidance note on use of uterotonic during labor and Guidance note on prevention and management of PPH.

? Reproductive Maternal Newborn Child Health + Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes through continuum of care across life cycle.

? Further to sharpen the focus on the low performing districts, 184 High Priority Districts (HPDs) have been identified. These districts would receive higher per capita funding, relaxed norms, enhanced monitoring and focussed supportive supervision, and encouraged to adopt innovative approaches to address their peculiar health challenges.